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	REISSUE PATE	NT API	PLIC	ATION T	RANSMITTA	L 45.				
			Attorney Docket No.		D/89194R					
Address to:  Commissioner for Patents Box Patent Application Washington, DC 20231			irst Na	med Inventor	Dan S. Bloomberg	06				
			Original	Patent Number	6,076,738					
			Original Patent Issue Date (Month/Day/Year)  06/20/2000							
1	-				EE644214726US					
	N FOR REISSUE OF: plicable box)  Ut	tility Patent			ign Patent	Plant Patent				
AF	PLICATION ELEMENTS			ACCOMPA	NYING APPLICA	TION PARTS				
. M. Foo Tr	* Fee Transmittal Form (PTO/SB/56)     (Submit an original, and a duplicate for fee)				Claim (35 U.S.C. 119)	)				
processing)	ation and Claims (Total Pages		8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations							
(amend	ed, if appropriate)		English Translation of Reissue Oath/Declaration     (if applicable)							
(propos	awing(s)  roposed amendments, if appropriate)  10.   * Small Entity  Statement filed in prior a  Status still proper and de  Status still proper and de									
(37 C.F	T.R. 1.175) (PTO/SB/51 or 52)		_	•						
5. Original U.S	5. Original U.S. Patent  Offer to Surrender Original Patent (37 C.F.R. 1.178) (PTO/SB/53 or PTO/SB/54) or Ribboned Original Patent Grant				<ul> <li>11. Preliminary Amendment</li> <li>12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</li> <li>13. Other: Status and Support for New Claims - 37 CFR 1.173(c)</li> </ul>					
Offer t										
□R										
□ A	ffidavit / Declaration of Loss (PTO/S	SB/55)								
	.S. Patent currently assigned? /es  \textstyle No									
(If Yes, ch	eck applicable box(es))		1							
☐ Writte	en Consent of all Assignees (PTO/Si					D BE ENTITLED TO PAY STATEMENT IS REQUIRE IN A PRIOR APPLICATION				
☐ 37 C.	r.n. 3./3(b) Statement L. 1. 5Wer		IS	RELIED UPON (	37 C.F.R. 1.28).					
		14. CORR	ESPON	IDENCE ADDRE	ss	I.I b alaus				
Custome	er Number or Bar Code Label			or 2	Correspondence ac	agress delow				
NAME	Mark Costello									
ADDRESS	Xerox Corporation, Xerox Square	e - 20A								
CITY	Rochester	STATE		NY	ZIP CODE	716-423-5240 or 716-423-2750				
COUNTRY	U.S.A.	TELEPHON			FAX					
NAME	JEANNETTE M. WALDER		_	TION NO. (ATTO		30,698				
SIGNATURE	1. 975	Walk	<u>Un</u>		DATE	6-18-0				

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Attorney Docket Number: D/89194R

## Claims as Filed - Part 1

			(2)	Small Entity		Other than a Small Entity		
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Rate	Fee	Rate	Fee	
(A) 8 (C) 2	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 28 (D) 5	8 = 2 =		= \$	x \$ 18.00 = or x \$ 80.00 =	\$ 144.00 \$ 160.00	
Basic Fee (37 CFR 1.16(h))							\$ 710.00	
Total Filing Fee						OR	\$ 1,014.00	

## Claims as Amended - Part 2

Claims as Afficiated - Part 2										
(1)		(2)	(3)	Small Entity		Other than a Small Entity				
Claims Remaining After		Highest Number Previously Paid For	Extra Claims Present	Rate	Fee		Rate	Fee		
***		**	* =	x\$ =	\$		x\$ =	\$		
***	MINUS	****	*	x \$ =	\$	or	x\$ =	\$		
(37 CFR 1.16(i)) Total Additional Fee							OR	\$		
	Remaining After Amendment	Claims Remaining After Amendment  *** MINUS	(1) Claims Remaining After Amendment  ***  MINUS  (2) Highest Number Previously Paid For  ***  MINUS	(1) Claims Remaining After Amendment  MINUS  (2) Highest Number Previously Paid For  ***  MINUS  (3) Extra Claims Present ***  ***  ***  ***  MINUS  ***  ***  ***  ***  ***  ***  ***	(1) Claims Remaining After Amendment  MINUS  (2) Highest Number Previously Paid For  ***  MINUS  (3) Extra Claims Present  Rate  ***  ***  ***  ***  ***  ***  ***	(1) Claims Remaining After Amendment         Highest Number Previously Paid For         (3) Extra Claims Present         Rate         Fee           ****         MINUS         ***         =         x \$ = \$           ****         ******         * = x \$ = \$	(1) Claims Remaining After Amendment  MINUS  (2) (3) Extra Claims Previously Paid For  ***  MINUS  (3) Extra Claims Present  ***  ***  ***  ***  ***  ***  ***	(1) Claims Remaining After Amendment         (2) Highest Number Previously Paid For         (3) Extra Claims Present         Rate         Fee         Rate           ****         MINUS         ***         =         x \$ =         \$         x \$ =         x \$		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

- ☑ Please charge Deposit Account No. 24-0025 in the amount of \$1,014.00. A duplicate copy of this sheet is enclosed.
- ☑ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$

to cover the filing / additional fee is enclosed.

**Xerox Corporation** El Segundo, California Date: 6/18/2001

Jeannette M. Walder Attorney for Applicant(s) Registration No. 30,698

metto walder

Telephone: 310.333.3660

<sup>\*\*</sup> If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

<sup>\*\*\*\*\* &</sup>quot;Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).